

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. <i>1008930</i>	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		
3			1			
4			1			
5			1			
6			1			
7			1			
8			1		1	
9			1			
10			1		1	
11			1		1	
12		1	1		1	
13			1		1	
14			1		1	
15			1		1	
16			1		1	
17	1		1		1	
18			1		1	
19	1		1		1	
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49						
50						
TOTAL IND.			15		3	
TOTAL DEP.			15		13	
TOTAL CLAIMS			15		16	

IND.	DEP.	IND.	DEP.	IND.	DEP.
61					
62					
63					
64					
65					
66					
67					
68					
69					
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94					
95					
96					
97					
98					
99					
100					
TOTAL IND.			15		
TOTAL DEP.			15		
TOTAL CLAIMS			15		

BEST AVAILABLE COPY